



February 8, 2013

**Los Angeles County  
Board of Supervisors**

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First District

**Mark Ridley-Thomas**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

To: Supervisor Mark Ridley-Thomas, Chairman  
Supervisor Gloria Molina  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

From: Mitchell H. Katz, M.D.  
Director

**DEPARTMENT OF HEALTH SERVICES - INDEPENDENT REVIEW  
SERVICES: MEDICAL MALPRACTICE AND RISK MANAGEMENT  
STUDY IMPLEMENTATION PLAN**

**Mitchell H. Katz, M.D.**  
Director

**Hal F. Yee, Jr., M.D., Ph.D.**  
Chief Medical Officer

**Christina R. Ghaly, M.D.**  
Deputy Director, Strategic Planning

On August 17, 2010, your Board instructed the Chief Executive Officer (CEO), in conjunction with the Department of Health Services' (DHS) Chief Medical Officer and Quality Improvement team, to develop an implementation plan to execute the most significant issues addressed in the Abaris Group (Abaris) report dated August 13, 2010, and report back to your Board within 60 days with a plan and timetable. The tasks identified in your Board's motion addressed several areas, including patient safety, policy and procedure, and organizational structure. The CEO submitted a report in response to that motion on October 28, 2010 and DHS submitted a progress report on April 2, 2012. This report is an update on implementation progress for Task # 1 which remains to be completed and Task #2 which is partially completed and expects to be fully implemented by end of 2013. The remaining tasks have been completed.

- Task #1 - Pending - Close CAP Loop: DHS planned to close the CAP loop by using QIPS staff to conduct on-site audits to confirm CAP implementation; the process would be recorded and tracked using a database. DHS-QIPS does not currently have the necessary staff to perform the proposed function as staff is utilized to fulfill 1115 Waiver audit and data gathering responsibilities. DHS-QIPS anticipates that 1115 Waiver data gathering duties will be significantly less with the implementation of the electronic health record at which time QIPS staff will become available to perform this function. (Refer to Task #6)

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- Task #2 - Phase I Complete/Phase II Underway – Patient Safety Trend Database: Task #2 was divided into Phase I and Phase II. Phase I of the project included the assessment of existing resources and identification of a system that meets the needs of the department. Phase I was complete March 29, 2011 as reported in our last report dated April 2, 2012. Phase II includes system acquisition and implementation. As previously reported, DHS identified a product that builds upon the currently established database for tracking patient safety events through the Patient Safety Net (PSN). At the time of the report, the product was not available from the vendor as it was under contract negotiations. The vendor for the database, University Healthcare Consortium (UHC), announced availability of the product on May 22, 2012.

Since that time, DHS has been in active discussions with UHC for assessment, demonstration, and negotiation for purchase of the product. Acquisition of the new product will dovetail into current contract negotiations for the PSN incident reporting system, set to expire at the end of 2013. DHS is working with Information Technology (IT) to establish hosting capabilities for both the new database and existing PSN. DHS and IT are anticipating a pilot of the new product by the end of the third quarter of 2013, with full implementation of both the PSN and Patient Safety Trend Database at the end of 2013, when the existing contract expires.

A summary of the completed tasks as previously enumerated are as follows:

- Task #3 - Completed - Expedited CAPs: The CAP process has been revised and reviews are now conducted concurrently, which has expedited the process by reducing the overall time by two weeks.
- Task #4 - Completed - Facility and QIPS Safety Staff: DHS will implement better coordination between patient safety staff at clinic sites and QIPS safety staff in two phases and will include an oversight committee and an educational program. Phase I called for the restructuring and creation of the DHS-Quality, Patient Safety and Clinical Risk Reduction Committee (EQI). This task was completed November 1, 2010 and has been expanded under the Ambulatory Care Network structure. Phase II involved development of a uniform and standardized curriculum on basic patient safety education. Phase II was completed March 1, 2011.
- Task # 5 - Completed - Placement of QIPS Section: DHS and CEO assessed the placement of QIPS within the DHS organizational structure. Completion of this task was targeted for February 2011 to provide an opportunity for the DHS Director designee to provide input on this matter. Effective December 2012, a Physician Director of Quality Improvement, Patient Safety and Risk Management, was hired



and began work on site January 2013. This physician director reports directly to the Chief Medical Officer and participates directly in leadership meetings.

- Task #6 - Completed - QIPS Staffing Plan: A staffing plan was completed to address QIPS' staffing issues related to workload and expanded work responsibility enumerated under Task #1. In December 2010, a staffing plan was developed and estimates were approximated at \$1.0 million dollars.  
Concurrent with this staffing plan development, QIPS was tasked with meeting audit and data collection demands of the 1115 Waiver. Additional QIPS staff was hired to meet the 1115 Waiver audit and data collection demands. QIPS anticipates that data gathering duties will be significantly less with the implementation of the electronic health record at which time QIPS staff will become available to perform this function. (Refer to Task #1)
- Task #7 - Completed - Physicians and Medical Staff Accountability: DHS' policy #311.202 includes specific language related to holding all staff accountable. DHS is also in the process of implementing a revised Safe and Just Culture policy, which addresses holding individual staff accountable within their job responsibilities and memorializes DHS' core values. Additionally, DHS has released updated Discipline Guidelines for distribution to all staff. The guidelines include specific language on staff accountability and consequences for failing to follow established policies.
- Task #8 - Completed - Quality and Patient Safety Website: The implementation of this website was completed November 17, 2010. Website development included active stakeholder participation.
- Task #9 - Completed - Evaluate County Hospitals: Through the restructuring of DHS' Quality, Patient Safety and Clinical Risk Reduction Committee (EQI), new organizational priorities were established for quality, patient safety, and clinical risk reduction. The Committee coordinates and oversees the functions of various groups that currently work in silos. The reassessment of priorities is an ongoing process.
- Task #10 – Completed - Dashboard: DHS established a focus group of patient care advocates (PPAs) to assist with the development of the dashboard to ensure the information is clear, understandable, and timely. PPAs were engaged in the development of the dashboard and the go-live date was November 17, 2010.
- Tasks #11 – Completed - Public Access: DHS, in partnership with PPAs, developed and implemented a core set of principles to guide the presentation of public reports. Core principles address dashboard goals (transparency, accountability, service quality, patient safety culture, and facilitate healthcare choices), guidelines for the selection and presentation of quality and patient safety measures (benchmarks must

be endorsed by a recognized national or state healthcare quality consensus body such as the National Quality Forum or the California Hospital Assessment and Reporting Taskforce), and basic tenets (dashboard must be meaningful to general public and development will involve PPAs). The QIPS website and dashboard go-live date was November 17, 2010.

## **SUMMARY**

Work on the Medical Malpractice and Risk Management Study Implementation Plan is largely completed; nine of the eleven tasks have been completed. DHS anticipates that Task #2 will be completed by the end of the third quarter of 2013 and Task # 1 will get underway when the electronic health record is able to support functions currently performed by QIPS personnel.

If you have any questions, please contact me or Dr. Hal Yee, Chief Medical Officer, at (213) 240-8101.

MK:cet

c:     Executive Office, Board of Supervisors  
       Chief Executive Office  
       County Counsel